**Supervision Report**

1. BACKGROUND DETAILS

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| **PRACTITIONER** |  | |
| **SUPERVISOR** |  | |
| **REPORT FREQUENCY** |  | |
| **DATE OF CURRENT REPORT** |  | |
| **DATE OF LAST REPORT** |  | |
| **DATES AND LENGTH OF SUPERVISION SESSIONS IN REPORTING PERIOD** | **Date** | **Length of session** |
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**LEGEND:**

A = Achieved

IP = In Progress

2. STRUCTURE OF SUPERVISION

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| **COUNCIL GOAL/S** | **AGREED OBJECTIVES** | **METHODS OF ACHIEVING OBJECTIVES** | **PROGRESS & LEARNING OUTCOMES** |
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*\* Please include additional pages if necessary*

3. REFLECTIVE COMPONENT

\*Please note: The “reflective component” is to be written by the practitioner not the supervisor. Please attach additional pages/documents as necessary.

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4. COMPLIANCE WITH OTHER CONDITIONS

If the practitioner has other conditions, in addition to supervision, imposed on his/her registration, please discuss his/her progress with meeting the requirements. E.g. the practitioner’s progress in completing specific education courses, sitting the National Psychology Exam, complying with practice restrictions.

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5. QUALITATIVE STATEMENTS

Please ensure that you provide comprehensive statements, as this is the basis upon which the Council may make a decision regarding the outcome for the psychologist. Please attach additional pages/documents as necessary.

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| **PROGRESS TOWARDS GOALS & GOALS ACHIEVED** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please circle appropriate score: | 1 | 2 | 3 | 4 | 5 | | Unsatisfactory |  | Satisfactory |  | Excellent | |

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| **UNDERSTANDING OF APPROPRIATE ETHICAL AND PROFESSIONAL BEHAVIOUR** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please circle appropriate score: | 1 | 2 | 3 | 4 | 5 | | Unsatisfactory |  | Satisfactory |  | Excellent | |

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| **THE PSYCHOLOGIST’S RESPONSE TO SUPERVISION** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please circle appropriate score: | 1 | 2 | 3 | 4 | 5 | | Unsatisfactory |  | Satisfactory |  | Excellent | |

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| **YOUR SATISFACTION THAT THE PSYCHOLOGIST RECOGNISES HIS/HER LIMITS IN REGARDS TO AREAS OF COMPETENCE IN PSYCHOLOGY PRACTICE** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please circle appropriate score: | 1 | 2 | 3 | 4 | 5 | | Unsatisfactory |  | Satisfactory |  | Excellent | |

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| **AREAS REQUIRING SPECIAL ATTENTION OR FURTHER DEVELOPMENT** |
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| **OTHER COMMENTS BY SUPERVISOR** |
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Supervisor’s signature: Date: \_ / /